

UNITED STATES DISTRICT COURT

for the

District of Puerto Rico

Division

Jean, (Abby) Siracusa

Case No.

17-CV-1145(FAB)

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Marriott International Inc.

d/b/a/

Ritz Carlton Hotel Casino and Spa

Jury Trial: (check one)

 Yes No

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Jean Siracusa % A. Langguth

Street Address

1257 Calle 1

City and County

Urb. Monte Carlo

State and Zip Code

Puerto Rico 00924

Telephone Number

(787) 481-7923

E-mail Address

mypreemail@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
 Job or Title (*if known*)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (*if known*)

Marriott International Inc. (A Public Corporation)
Corporate Headquarters
10400 Fernwood Road
Bethesda, MD.
Maryland 20817
1+(301) 380-3000

Defendant No. 2

Name
 Job or Title (*if known*)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (*if known*)

d/b/a
The Ritz Carlton Hotel Casino and Spa
6961 Carr. 187
Isla Verde, Carolina
Puerto Rico 00979
(787) 253-1700

Defendant No. 3 Text

Name
 Job or Title (*if known*)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (*if known*)

Ms. Jackie Volkart
Hotel General Manager, M.O.D. (DAY SHIFT)
ATTN: Ritz Carlton Hotel Casino and Spa
Isla Verde, Carolina
Puerto Rico 00979
(787) 253-1700

Defendant No. 4

Name
 Job or Title (*if known*)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (*if known*)

Ms. Adele Villapol
Director, Human Resources
ATTN: Ritz Carlton Hotel Casino and Spa
Isla Verde, Carolina
Puerto Rico 00979
(787) 253-1700

B. The Defendant(s) Continued;

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 5

Name	<u>Natalia Mejias</u>
Job or Title (<i>if known</i>)	<u>Assistant Director, Human Resources</u>
Street Address	<u>Ritz Carlton Hotel Casino and Spa</u>
City and County	<u>Isla Verde, Carolina</u>
State and Zip Code	<u>Puerto Rico 00979</u>
Telephone Number	<u>(787) 253-1700</u>
E-mail Address (<i>if known</i>)	

Defendant No. 6

Name	<u>Ms. Frances Otano Garcia</u>
Job or Title (<i>if known</i>)	<u>Manager Front Desk</u>
Street Address	<u>Ritz Carlton Hotel Casio and Spa</u>
City and County	<u>Isla Verde, Carolina</u>
State and Zip Code	<u>Puerto Rico 00979</u>
Telephone Number	<u>(787) 253-1700</u>
E-mail Address (<i>if known</i>)	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	The Ritz Carlton Hotel Casino and Spa
Street Address	6961 Carr. 187
City and County	Isla Verde, Carolina
State and Zip Code	Puerto Rico
Telephone Number	(787) 253-1700

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Other federal law (*specify the federal law*):

Relevant state law (*specify, if known*):

Puerto Rico Law Act 80 / Puerto Rico Law 44-1985

Relevant city or county law (*specify, if known*):

P.R. Laws Ann., tit 1, § 504, respectfully and tit 1, § 505

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

<input type="checkbox"/>	Failure to hire me.
<input type="checkbox"/>	Termination of my employment.
<input type="checkbox"/>	Failure to promote me.
<input checked="" type="checkbox"/>	Failure to accommodate my disability.
<input type="checkbox"/>	Unequal terms and conditions of my employment.
<input checked="" type="checkbox"/>	Retaliation.
<input type="checkbox"/>	Other acts (specify): _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)**C. I believe that defendant(s) (check one):**

<input checked="" type="checkbox"/>	is/are still committing these acts against me.
<input type="checkbox"/>	is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

<input type="checkbox"/>	race
<input type="checkbox"/>	color
<input type="checkbox"/>	gender/sex
<input type="checkbox"/>	religion
<input type="checkbox"/>	national origin
<input type="checkbox"/>	age (year of birth) _____ (only when asserting a claim of age discrimination.)
<input checked="" type="checkbox"/>	disability or perceived disability (specify disability)

E. The facts of my case are as follows. Attach additional pages if needed.

On November 23, 2015 I went to Fondo for medical treatment due to chemical exposure from remodeling at the Ritz Carlton Hotel during my midnight shift. I have been diagnosed with contracting Anosmia directly related to that exposure by Fondo medical specialists. I will be treated for the next two years twice a week with vaccinations. This condition prevents my return to the front desk checking in guests. I have lost my taste but have become highly sensitive to various air pollutants i.e., smoke, perfumes, fragrances, any cleaning chemicals, (See Exhibits) The Ritz management refused to allow me to return to work due to my condition. I filed a complaint with the EEOC on 02/16/2015 and never allowed back.

(SEE EXHIBIT B)

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date) 02/16/2016

B. The Equal Employment Opportunity Commission (check one):

has not issued a Notice of Right to Sue letter.
 issued a Notice of Right to Sue letter, which I received on (date) 11/23/2016.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

60 days or more have elapsed.
 less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I am seeking financial recovery for the following: 1. The pain and suffering associated with the contraction of a life threatening physical condition plus other effects on my future due to plaintiffs negligence
 2. Loss of professional career 3. Emotional stress associated the with intentional discriminatory actions of the plaintiffs 4. financial losses due to my indefinite leave of absence. 5. future uncovered medical expenses associated with conditions that I have been advised will develop. 6. Legal expenses.. (SEE EXHIBIT F/RELIEF)

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

Feb 1, 2017

Signature of Plaintiff



Printed Name of Plaintiff

Jean Siracusa**B. For Attorneys**

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

C/o Langguth

State and Zip Code

URB Monte Carlo

Telephone Number

Calle 1 #1257

E-mail Address

otlypremail@yahoo.com

787-202-9273